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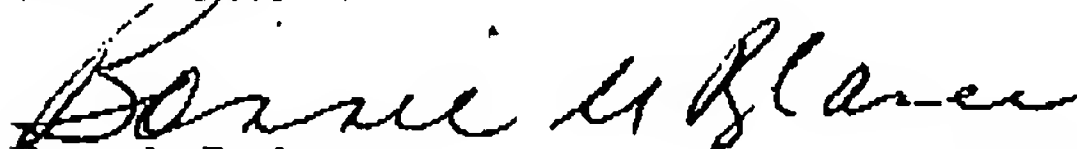
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DATE: September 7, 2004
TO: U.S. Commissioner of Patents, Kimberly E. Glenn, Examiner,
Group Art Unit 2817
FAX NO.: 703-~~368-7724~~ 872-9306
SUBJECT: Mansour 10/006,155 Our File 39437
FROM: Daryl W. Schnurr **DIRECT LINE:** 579-3661 ext 326
PAGES: 15 (INCLUDING THIS PAGE) **DIRECT FAX:** 519-576-2030
Please notify Bonnie at Ext. 317 immediately if all pages are not received

ORIGINAL WILL BE:Placed on file ☒ Mailed to you ☐ Sent to you by courier ☐**COMMENTS:****CERTIFICATE OF FACSIMILE TRANSMISSION**

Applicants: Mansour, Raafat R.. Serial No. 10/006,155
Filed: 12/10/2001
Title: Modified Conductor Loaded Cavity Resonator With Improved Spurious
Performance

I hereby certify that the paper attached hereto, being an amendment dated
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PTO/SB/22 (06-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 39437	
Application Number 10/006,155		Filed 12/12/2001	
For Modified Conductor Loaded Cavity Resonator With Improved Spurious Performance			
Art Unit 2817		Examiner GLENN, Kimberly E.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$110	Small Entity Fee \$55
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$420	\$210
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$950	\$475
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1480	\$740
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2010	\$1005
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 28,569			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
_____ Signature		September 7, 2004 Date	
DARYL W. SCHNURR		519-579-3661	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of 1 forms are submitted.			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PAGE 2/14 * RCVD AT 9/7/2004 5:20:56 PM [Eastern Daylight Time] * SVR:USPTO-EFXXF-1/6 * DNIS:8729306 * CSID:519 576 2030 * DURATION (mm-ss):04-48